

Montana TY2007 E~File Test Packet
Montana Test 8

Forms: Form 2 (long form)
Form 2 EC (elderly homeowner/renter credit)
Form SS (social Security worksheet)

Name: Carlson, James 400-00-6829 (primary)

Dependents: None

Address: PO Box 514
Ronan, MT 59864

Returns Status Refund

Filing Status: 3C (married filing separate and spouse not filing)

Residency Status: Resident Full Year

Exemptions: 2Primary (yourself & 65 or older)
2 Total

Deduction: Standard Deduction

Notes: NAICS code should be 621510
Spouse SSN for seq # 0815 should be 400-00-6828
May DOR discuss return with preparer should be "Y"
Taxpayer phone number should be (406) 444-6957
Refund amount is \$327.00
Direct Deposit information
Rtn #: 012456778
Acct #: 15426879993
Acct type: Savings